

FILE ANNUALLY PRIOR TO NOVEMBER 1

ASSESSOR'S OFFICE



Town of Glastonbury

2155 MAIN ST · P.O. BOX 6523 · GLASTONBURY, CONNECTICUT 06033-6523

Annual Application for Exemption in accordance with Connecticut General Statutes (Section 12-81c) and Town of Glastonbury Ordinance (Section 18-5) for exemption of certain ambulance-type motor vehicles.

APPLICANT (Owner)

Name_____

Address_____

Phone_____

MEDICALLY INCAPACITATED INDIVIDUAL

Name_____

Address_____

Nature of Incapacitation_____

MOTOR VEHICLE

Make_____ Year_____

Model_____ ID #_____

Reg. #_____ Date of Purchase_____

(Application continued on back)

Exemption claimed for Grand List of October 1, 20_____.

Type and Cost of Modifications and/or Special Equipment Installed:

Is this vehicle used exclusively for the purpose of transporting a medically incapacitated individual? Yes _____ No _____

Signature of Applicant _____ Date _____

FOR ASSESSORS USE:

Approved _____ Denied _____ Date _____

Comments _____

Signature _____

Title _____